

|   |   |   |
|---|---|---|
| <p><b><u>Mail to:</u></b></p> <p>Division of Compliance Assistance<br/>         Certification and Licensing Branch<br/>         Operator Certification Program<br/>         300 Fair Oaks Lane<br/>         Frankfort, KY 40601</p> | <p>Commonwealth of Kentucky<br/>         Department for Environmental Protection</p> <p><b>Application for Approval of Courses for<br/>         Continuing Education Credit</b></p> <p><i>Drinking Water Treatment, Drinking Water Distribution,<br/>         Wastewater Treatment and Collection System</i></p> <p>Telephone: 1-800-926-8111<br/> <a href="http://www.dca.ky.gov/certification">www.dca.ky.gov/certification</a></p> | <p><i>For Official Use Only<br/>         Do not write in this space</i></p> |
|---|---|---|

## General Information

Certified operators of drinking water, wastewater and collection systems in Kentucky are required by 401 KAR 8:030 and 11:050 to earn continuing education in order to periodically renew their certifications. Training that is used for renewal of certifications must be approved by the respective boards (i.e., Kentucky Board of Certification of Water Treatment and Distribution System Operators and/or the Kentucky Board of Certification of Wastewater System Operators). As a potential sponsor of a board-approved course, you must complete and submit this application and provide supporting information as pertinent.

Upon receipt of a completed application, the board(s) will initiate the review process at their next regular meeting. The boards typically meet each month, Wastewater on the third Tuesday and Drinking Water on the third Wednesday. **Review of large requests from a commercial vendor (e.g., online vendors with a catalog full of courses) may be held until operators reflect interest in the course(s).** If your training request is determined to be unacceptable for any reason, you will receive a statement with deficiencies or other comments. It is preferred that all training courses be submitted and approved prior to operators completing them. With “after the training” requests for approval comes the risk that completed training may not be approved by the board(s) and operators will not receive credit. A change in instructors, course content or time involved by participants will require resubmittal.

Provided with this application is a “Continuing Education Activity Report” form that is to be used by the course sponsor to document training credits for operators. **It should be submitted soon after the training event, preferably within 30 days.** Both the application and report forms may be reproduced as needed, but not altered without permission. Electronic versions are now available from the Kentucky Division of Compliance Assistance via the Internet Web page <http://www.dca.ky.gov/>. Additional information may be acquired by calling the Operator Certification staff at 502-564-0323 or toll free at 800-926-8111 or via FAX at 502-564-9720.

## Instructions:

- 1) Sections I, II, and III must be completed. Section I requires the applicant to check if the request is for a one-time approval or for a two-year approval. Attachments required per Section III should be clearly labeled in accordance with the outline of the application.
- 2) Attachments listed in Section IV relate mostly to distance learning courses. If applicable to your training, it is recommended that you provide them.
- 3) An appropriate signature with date is required in Section V.
- 4) Submit the application and all attachments at one time, preferably 60 days or more prior to the scheduled training event.



|   |   |   |
|---|---|---|
| <p><b><u>Mail to:</u></b></p> <p>Division of Compliance Assistance<br/>         Certification and Licensing Branch<br/>         Operator Certification Program<br/>         300 Fair Oaks Lane<br/>         Frankfort, KY 40601</p> | <p>Commonwealth of Kentucky<br/>         Department for Environmental Protection</p> <p><b>Application for Approval of Courses for<br/>         Continuing Education Credit</b></p> <p><i>Drinking Water Treatment, Drinking Water Distribution,<br/>         Wastewater Treatment and Collection System</i></p> <p>Telephone: 1-800-926-8111<br/> <a href="http://www.dca.ky.gov/certification">www.dca.ky.gov/certification</a></p> | <p><i>For Official Use Only<br/>         Do not write in this space</i></p> |
|---|---|---|

**I. Course Sponsor Information:**

A. Sponsoring Organization (school, business, association, etc.):

\_\_\_\_\_

Key Contact Person:

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

☐ One-Time Approval Requested☐ Two-Year Approval Requested

B. If individual requesting approval is different than the key contact person for the sponsor, please complete the following information:

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**II. General Course Information:**

A. Title: \_\_\_\_\_

B. Location and Date/s: \_\_\_\_\_

C. Cost per Student or Group: \$ \_\_\_\_\_

D. Delivery Format or Media (check those that apply):

☐

Classroom

☐

Web/Online

☐

Laboratory

☐

Exhibition

☐

Field

☐

CD-ROM

☐

Video/Audio

☐

Correspondence

☐

Other (Explain)

\_\_\_\_\_

**E. Continuing Education Credits (hours) Requested for Target Audience:**

Drinking Water Treatment and/or Distribution Operator Hours: \_\_\_\_\_

Wastewater Treatment Hours: \_\_\_\_\_

Collection Hours: \_\_\_\_\_

**(Attach a detailed description explaining how this training relates to the wastewater treatment process.)****III. Required Items** (must be attached to submittal, check off as completed):

- A. ☐ Course Learning Objectives
- B. ☐ Criteria for Successful Completion by Operators
- C. ☐ Agenda (timed with instructors identified and brief description of topics)
- D. ☐ Credentials for All Instructors

**IV. Additional Attachments** (required for distance learning courses, optional for other training):

- A. ☐ Instructional Design (developed by whom/their credentials)
- B. ☐ Curriculum Content (subject matter experts/their credentials)
- C. ☐ Required Assignments and/or Examinations (type, passing score, etc.)
- D. ☐ Mandatory Time Constraints (deadlines, granting of extensions, etc.)

**V. Signature of Sponsor's Contact Person**

I confirm that all information provided with this application is accurate to the best of my knowledge. A complete list of attendees and credits to be awarded to them will be forwarded on a "Continuing Education Activity Report" to the Kentucky Division of Compliance Assistance (within 30 days of completing the course when possible).

Printed Name and Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**Kentucky Division of Compliance Assistance  
Certification and Licensing Branch  
Operator Certification Program  
300 Fair Oaks Lane  
Frankfort, KY 40601**

Page\_ \_\_\_\_ of \_ \_\_\_\_

**Continuing Education Activity Report**

Division of Compliance Assistance's Assigned Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Course Sponsor's Name and Phone Number: \_\_\_\_\_

Participants' Information (Operator certificates contain identification information requested below):

| Agency Interest Number | Operator's Name<br>(as shown on certification) | *Operator's Certification Number(s)<br>(where credit is to be applied) |    |            | Continuing Education Credit Earned<br>(to be completed by sponsor) |
|------------------------|--|--|----|------------|--|
|                        |  | DW (treatment or distribution)   | WW | Collection | ** Continuing Education Hours Earned                               |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |
|                        |  |  |    |            |  |

\* Provide certification numbers for Drinking Water Treatment, Drinking Water Distribution, Wastewater Treatment or Collection System.

\*\* Calculate Continuing Education Hours as approved by the Division of Compliance Assistance.

As sponsor of the training completed by the operators listed above, I certify it was conducted and participants performed according to conditions approved by the Kentucky Certification Boards. I understand that submission of false information could result in expiration of an operator's certification due to noncredit and might be cause for nonapproval of subsequent training requests. Further, falsification of a cabinet document could result in legal penalties per KRS 223.991 and/or 224.99-010.

Sponsor Contact Name (printed): \_\_\_\_\_

Sponsor Contact Person's Signature and Date: \_\_\_\_\_

